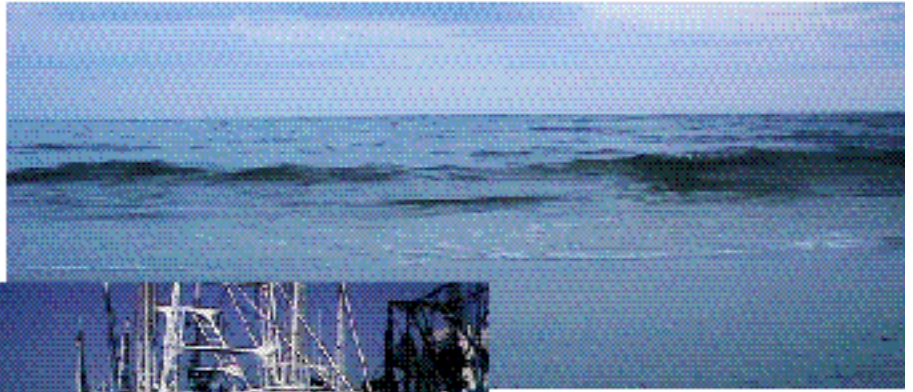


Mississippi Salud

*A Study
Of
The State's
Emerging
Populations
And Their
Public Health
Needs*




"Salud means Health in Spanish"

Mississippi Salud

The title of this report reflects the complexity involved in serving diverse cultures of non-English speaking populations. 'Salud' in Spanish can mean 'health,' or when used in this context, it can mean, 'Mississippi, I salute you!' In addition, the title loosely reflects the concept of the tossed 'salad' in respect to diversity — a notion which is replacing the 'melting pot' theory.

Table Of Contents

- Executive Summary — page 1
- Introduction — page 3
- Purpose/Mission — page 2
- Project Goals — page 4
- Literature Review — page 7
- Findings — page 11
 - Background Information — page 11
 - County Data — page 12
 - Surveys — page 14
- Trend Report — page 18
- Recommendations/Conclusions — page 20
- Resource Guide — page 22
 - Definitions — page 24
 - Cultural Notes — page 26
 - Facts — page 28
 - Folk Medicine Practices — page 29
 - Common Lay Terms/Phrases — page 32
 - Resources Available — page 33
 - Chickasaw County Resources — page 37
 - Harrison County Resources — page 38
- Credits — page 39

Public health professionals serve Mississippi's emerging populations daily. For real-life stories that put that work into context, look for the  throughout this document.

Chickasaw County's booming agricultural market contributes greatly to the region's changing population.



Statistics indicate that building awareness about different ethnic origins and becoming more culturally diverse will be significant factors in meeting the needs of the changing demographics in the United States.

Diversity is here to stay and increasing efforts need to be made to re-think how services are delivered and adapt our current system of health care to serve the changing population. How can we meet the needs of this new population? Are we required to serve them? If we know they are illegal undocumented immigrants, do we have certain responsibilities to contact authorities. What resources are available? What are some of their customs and beliefs? How do we communicate with people who speak different languages?

Our leadership team was composed of five employees from the Mississippi State Department of Health — three from central office and two from county health departments. The primary mission of the project team is to meet the public health needs of Mississippi's growing population reflected by demographic changes. The group decided on the topic of the project because of the growing concerns within the agency about the numbers of non-English speaking persons seeking services from public health clinics. County staff reported feeling somewhat helpless about how to provide the necessary information and the needed services.

A compilation of background information on the populations seeking public health — coupled with a resource document detailing additional information on growing populations — would become a work in progress for clinics to build on as the need increases. Both county team members had expressed concern about these issues affecting the health care delivery system in their counties. Therefore, we selected Harrison and Chickasaw counties as diverse areas of study.

Project Team

*Michael Bowling
Amy Burrow
Tammy Chamblee
Lydia Nix
Joy Sennett*

Executive Summary

While Vietnamese populations have become almost mainstream, Harrison County's increasing Hispanic population surpasses most other counties.





*Shipping along the Gulf Coast
beckons Vietnamese fishermen.*

Spanish is officially spoken in Spain, Mexico, Colombia, Argentina, Chile, Cuba, the Dominican Republic, Puerto Rico, Equatorial Guinea, Ecuador, Venezuela, Costa Rica, Nicaragua, Honduras, Guatemala, Panama, El Salvador, Peru, Bolivia, Paraguay, and Uruguay.

Introduction

Diverse Cultures

Just as a person from Minnesota might wonder what's broken when a Mississippian says he's 'fixing to go to the store,' people from Guatemala and Mexico might not necessarily speak the same kind of Spanish.

The dock worker ruffled the pages of the palm-sized booklet and smiled sheepishly. Almost apologetically, he handed it back to the public health nurse. A look of doubt crept over her, replacing the pride she'd shown when she first presented the Hispanic man with her new find, a fat booklet of everyday medical phrases translated from English to Spanish. She had shown it first to him, sure that he would share her joy at finding a resource their two cultures could use to communicate with one another. Now she was left uncertain.

"What's the matter?" she asked.

"Ma'am, I'm sorry," the man said. "But this book has no meaning."

Across the state, another public health nurse pointed out a small scratch on her arm to the county health department's part-time interpreter, a Hispanic woman who'd moved to Mississippi with her husband to work in the sweet potato fields.

"Erupto!" the nurse said, proud of new word she'd learned from her new computer translation software. She'd hoped it might help bridge the communication gap she sensed in her clinic.

"What?"

"Erupto!" the nurse replied. "Lesion!"

The translator shook her head. "Never heard of it." ❖

Purpose/Mission

The mission of the project team is to meet the public health needs of Mississippi's growing population reflected by the demographic changes in two diverse Mississippi counties.

Census data shows that nearly one in 11 people living in the United States is foreign born. About 31 percent of the nation's foreign-born population are naturalized citizens. Regardless of the debate as to whether those remaining 69 percent should receive governmental welfare services, their health undoubtedly will affect the health of the citizens of Mississippi. Communicable diseases such as tuberculosis, STDs, vaccine-preventable diseases, and afflictions spread through improper sanitation strike communities rather than striking individuals. Unhealthy birth outcomes linked to inadequate prenatal care and low birth weight draw costs to everyone. Unless all Mississippi residents are healthy, their communities will suffer.

Because some efforts to enhance communication between the Health Department and non-English speaking persons had been initiated in other counties, assessments of and comparisons with these areas could distort the project's outcome. Comparisons of two other counties — one urban and the other completely rural — were undertaken to better reflect knowledge, beliefs and attitudes of Health Department staff. Harrison and Chickasaw counties would become the diverse populations under scrutiny.

Beginning in 1995, black and non-Hispanic white populations will, for the first time in history, no longer account for the majority of our population growth. Instead, Hispanics and Asian-Americans will account for the majority of Americans added to the population each year. America can no longer be viewed as simply black and white.

*Martha Farnsworth Riche
Census Director
October 1995*

*Houston serves as a focal point
for Chickasaw County activities.*





Many Hispanic laborers in Chickasaw County
rely on soybeans and sweet potatoes to make a living.

Nearly one in 11 Americans
is foreign-born.


Project Goals/ Objectives/Activities

Conflicting Goals

In Mississippi, a multitude of public and private partners play roles in providing health care. Without a clear realization of the beliefs and goals of each partner, the well-intentioned can do more harm than they intend.

Amalia had become not only a resource for the public and private health care workers in her area, but she'd also become a source of knowledge for the community in which she lived. In Mexico, her education extended no farther than the third grade. But here, people of many different cultures used her as a bridge for their daily life; she was the mouth and the ears through which they communicated with the rest of the world.

Working as a part-time interpreter in a county health department, Amalia soon became well-versed in the inner-workings of her new country's health care system. She learned that even those mothers living here illegally could apply for and receive emergency Medicaid for children born in this country. With that assistance, she reasoned, pregnant women could give birth in the local hospital. With that in mind, Amalia began taking expectant mothers to the office where they could apply, even though it meant a drive across two neighboring counties.

Amalia stopped making that drive when she learned the mothers' names were being sent to immigration officials. Because they subsequently lost the funding source, the local hospital has discussed a halt in the delivery of babies from Amalia's community. 

Goal One —

Provide the agency with an overview of the problem and the current situation.

Objective — Review, assess, and analyze the scope of the problem

Activities undertaken to accomplish this goal include:

- conducting a literature review
- conducting a needs assessment of both the Harrison County Health Department and Chickasaw County Health Department.

- surveying county clerks to determine the staff's knowledge base regarding ethnicity
- collecting five-year birth data for relevant populations

Goal Two —

Provide a resource guide to Harrison and Chickasaw County Health Departments

County staff have expressed feelings of disassociation and detachment when asked to provide services for non-English speaking persons. Although resources exist for facilitating communication between county staff and their non-English speaking clients, most of those resources are scattered or unavailable at the local level. Physician's offices, state health clinics, and hospitals have some information but there needs to be a compilation of this information. There is a need for Spanish health literature. Most people are not aware of the Emergency Medicaid. Patients can apply for help at the Medicaid offices for newborn babies, but there is no help for the mother if she does not have a valid Social Security number.

Several programmatic brochures, pamphlets and posters with text in various languages already are available through Central Supply. But a true resource guide would encompass more than printed materials, instead detailing human resources, outreach efforts, and even cultural customs of the populations in question.

Because new resources became available and existing ones disappeared during the course of this project, any resource guide would become a habitual work-in-progress, changing to reflect demographic fluctuations and updated services.

Activities undertaken to accomplish this goal include:

- researching internal and external resources available to various populations
- developing and printing an agency guide
- piloting the resource guide in the two targeted counties

*Mexicans migrating to Mississippi
find a piece of home in the Gulf waters.*





Chickasaw County seeks buy-in from the church and labor leaders.

Goal Three —

Provide a trend report of the changing health care needs related to non-English speaking and programmatic projections for future statewide planning

With a resource guide in hand, county staff would be better equipped to face the day-to-day issues of better serving non-English speaking members of the community. An analysis of demographic trends and future population shifts would serve as the resource guide's companion piece for central office staff, enabling long-term planning and adequate allocation of resources.

Goal Four —

Collect first hand information and observation from key staff members in the clinic setting.

Interviews should be conducted with county staff.

A pilot study has been conducted in two counties in Mississippi to determine the effects of the changing demographics has on the way the MSDH clinics serve the populations in their communities.




Chickasaw County's Cultural Diversity Task Force brings health care, religion, and commerce to the table.

Literature Review/Assessment

Context

By necessity, public health workers often must learn to interpret the meaning behind the words of non-English speaking persons, putting the communication into its context.

Just like people born in Mississippi, many people of different origins seek their local public health staff when in need of health information. Some staff have acquired brochures and educational materials written in various languages, but they've learned those materials are not always an effective means of communication. Typically, many have learned, the response "I do not have my glasses" actually means "I cannot read." 

Initial Research

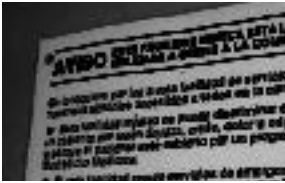
Each team member initially had an assignment to contact and search for resources for the non-English speaking population in their respective areas. Major universities were contacted, local hospitals, chamber of commerce, etc. Little information was attained from these resources. Each operated autonomously through various uncoordinated systems. The University Medical Center, the state's teaching hospital, does not have a formal system of serving the Hispanic population. The use of staff who happen to speak the language are used as interpreters for patients. Universities are able to offer language classes, but not always in the dialect that is needed. Chamber of Commerce and county offices had little information on resources and the emerging population in their areas.

When initially collecting data from sources within the agency, differing methods of data collection posed a problem. Cross tabulation was impossible due to inconsistencies. Additionally, over the course of the project a widespread misunderstanding of the terms race and ethnic origin became apparent.

The US Census Bureau collects race in the following categories: White, Black or Negro, Indian (American), Eskimo, Aleut, and Asian or Pacific Islander. The US Census questionnaire specifically asks whether the person is of Spanish/Hispanic origin.

In the MSDH Vital Statistics Report, race is compiled in two categories: white and nonwhite. White includes such groups as Caucasian, Anglo-American, Canadian, Cuban, French, Greek, Hispanic, Latin American, Mexican, Puerto Rican, Swedish, etc. Nonwhite includes such groups as Black, Afro-American, American





*Limited signage is available
to all county health departments.*

Indian, Chinese, Japanese, Hawaiian, Filipino, and all other groups not considered as white.

The MSDH Patient Information Management System (PIMS) collects race data by the following categories: Asian, Black, Indian, White, and Other. Ethnic origin options included in the system are Hispanic and non-Hispanic.

— Activities in Scott County

Scott County public health staff were among the first to raise red flags over a gap in services and communication for Spanish-speaking clients. As the area's major poultry processors began actively recruiting workers with little or no knowledge of the English language, Scott County staff alerted the rest of the state to a growing trend a changing population of clients and residents. Since early 1996, county, district, and central office staff have addressed individual communication problems as they arise. Still, many of Scott County's goals remain unmet.

The major goal: funding and employing knowledgeable interpreters. The Mississippi Legislature denied a request for \$65,000 to fund interpreters. Although the Office of Personal Health Services supplied the county with a PIN, filling the position with a stable interpreter has proven difficult. Most multi-lingual individuals living locally can provide no means for a background check before hiring. Potential candidates usually live within the emerging populations themselves, and staff have dismissed several interpreters living in the tight-knit communities for breaching confidentiality. Several college students have been employed during summer months, but all leave when school begins in the fall.

Between sporadic contract workers and the full-time contract position, Scott County's interpreters must stretch themselves between the two health department locations. Occasionally, they work in Leake and Neshoba. Scott County staff also have used the WIC AT&T telephone interpretation service (see Resources), but not to great success. Ideally, staff say they would like three full time interpreters.

Two-way communication problems are compounded by the various dialects of Spanish spoken locally. Often, the meaning of a single word will change from person to person, or the English definition differs from the Spanish interpretation.

Appropriate signage has helped Spanish-speaking persons feel more at ease entering the clinic and more comfortable in seeking access. Although many non-English speaking clients indicate they can read, educational materials translated into Spanish

seem to hold little interest. Primarily, such materials are used by public health nurses to highlight appropriate topics during a clinic visit, making rudimentary communication easier. Therefore, translated materials serve more use as teaching aids than as targeted educational materials. To supplement those materials, staff have created abbreviated note cards that contain short written phrases in both English and Spanish.

Scott County staff still lack translations of federal and state forms, such as WIC Rights and Responsibilities and directions on infant formula. Currently, staff are using materials obtained from other states or organizations.

Some staff have taken Spanish courses at a local college, but results in the clinic setting have been minimal. District VI administrator Tommy Williams calls traditional Spanish courses a failure, citing the differences between the dialects represented in Scott County, difficulty dealing with complex medical issues, and a lack of experience. Still, experience with the language is improving.

The Scott County Health Department's biggest local resource has been the Catholic Church. Local leaders have applied for assistance through federal grants, mainly focusing on helping non-English speaking persons pay utilities, groceries, and other necessities. So far, only The Health Department has pushed for interpreters. No other state agency has offered translation or interpretation services, and volunteers often leave after becoming uncomfortable translating routine public health questions of a personal nature.

As a whole, potential advocates are receptive to new ideas, but they are not organized and have no means for affecting change.

Local human services officials have demonstrated a lack of interest in the new populations, and the local health department interpreters have devoted time to assisting clients fill out Human Services forms. New legislation affecting Hispanic access to DHS services might further adversely impact many health department clients.

Lack of on-site interpretation slows patient flow, and the clinic appears to have lost some historical clients. Local staff report that the decline appears to come as a result of the longer waiting times caused by the time staff spend with non-English speaking clients, slowing patient flow and making the clinic less efficient. The situation is further complicated, they report, by a decline in service delivery positions.

In all of District VI, Scott County's clinic sees the bulk of the emerging non-English speaking population. Both Neshoba and

During the 1980s, immigrants accounted for one-third of the United States' population growth.

Most Hispanics migrating to the coast are professionals, but most moving to Chickasaw County find work in the fields.





*Boxes of produce
await shipment.*

Leake Counties have seen increases in non-English speaking clients, but staff report those changes are very gradual.

Staff have been forced to respond to public health issues they've always taken for granted, such as keeping chickens out of a home and away from small infants. Also, immunization statuses are largely unknown. The increase of trailer parks and multiple dwelling houses has impacted health education, outbreaks, and environmental health issues.

Staff have been instructed to disregard small problems — like the custom of hanging small coins around a baby's neck (see Folk Medicine Practices). Instead they work to build trust with clients, gaining more leverage to better tackle larger issues such as halting the practice of using drinking water from ponds and streams.



*Agricultural work sustains many Hispanic populations
now living in Mississippi.*

Beyond the humanitarian and basic public health reasons for treating these populations in the clinic, Scott County sees another concern. Fewer Hispanics are now eligible for Medicaid and health insurances rarely cover prenatal care. Funding to provide services for this segment of the population is virtually non-existent.

Scott County staff report they still has a long way to go in learning to cope with the issue, but the staff has gained experience that will prove valuable to other counties coping with non-English speaking populations.

— Activities in Desoto County

District I Health Office applied in February 1996 for a three year special initiative grant. The grant sought funding to add interpreters to the Family Planning care team in Desoto County, thereby enhancing services provided to Spanish speaking persons unlikely to seek medical care.

The first year progress report documents the hiring of an interpreter December 1, 1996. This individual has been networking in the community to develop referral sources, has been actively involved in the school system, and has developed a tracking system to assure access to care. Clinic visits for non-English speaking clients are scheduled on one of two days each week when the interpreter is available in clinic. The interpreter also works with local hospitals to assist Hispanic patients. Plans for year two of the grant include training programs for staff, translation of existing forms and literature into readable Spanish, and outreach activities to the Hispanic community.

Findings


Other Players

Public health workers aren't alone in confronting communication issues among people of diverse backgrounds. Often, they're faced with the task of building bridges between other health care providers and the clients they serve.

When the public health nurse made a routine postpartum home visit five days after the birth of a Hispanic child, a dark black liquid in baby's bottle stopped her cold. She unscrewed the bottle-top and raised the container to her face. Bubbles tickled her nose, and she inhaled the faintly sweet smell of cola.

She counseled the young mother, telling her that the baby could never live off a diet of soda.

"But I must," the mother insisted through broken English, offering a prescription slip as proof. "These are the doctor's orders!"

Written on the slip was the directive, "Similac with iron and RC." Instead of eating a rice and cereal mash, the baby had subsisted for days on RC cola. 

Background Information — Population/Language

Mississippi has a population of 2.6 million people. Over the past few years, the demographic make-up of the state has undergone significant visible changes. Overall the state experienced a dramatic increase in the Hispanic/Latino population.

"The estimated 23 million foreign-born persons in 1995 represented 8.8 percent of the U.S. population (nearly 1 in 11 Americans)." The largest share of immigrants was from Asia, followed by North America. Mexico was the leading source country for foreign born persons with 27 percent of the total.

During the 1980s, immigrants accounted for one-third of the U.S. population growth; in 1995, Hispanics represented 40 percent of the population growth.

Over the past several years the median age of immigrants has been 28 years of age; 54 percent were female. Thirty-two percent of the foreign-born entered the United States and became naturalized U.S. citizens.

*Culls are sorted
before shipment.*





A Gulf Coast man carries a bag of fish purchased from a Vietnamese boat owner.

County Data —

Statistics from the US Census Bureau and the MSDH Vital Records Bureau were compiled to determine population increases and live births to residents in both Harrison and Chickasaw counties from 1990-1994. Clearly, the largest emerging population is Hispanic.

In Harrison County, the Hispanic population was reported to have an increase over the five year period of only 917. The number of live births grew from nine to 84 from 1990-1994.

In Chickasaw county, the statistics from the US Census indicate only a small number of documented residents of Hispanic origin. Eighty-five are recorded for 1990 with only a slight increase to 92 in 1994. Conclusions that can be drawn from all data collected would give a strong indication that most Hispanics in this area are illegal immigrants and have not obtained legal residency.



Vietnamese fishermen bring their trade to Harrison County and the Gulf Coast.

A report generated from the PIMS within the health department by Public Health District IV and District IX was analyzed to determine if an increase of the Hispanic population seeking health care in the local health departments has increased over the past five years. The two districts are made up of nine counties and include the two counties of pilot study, Chickasaw in District 4 and Harrison in District 9.

In 1992, District IV recorded 46 male and female Hispanics coming to the health department for services. In 1996, there was a 56 percent increase in the number of Hispanics seeking services from the local health departments (104 male and female Hispanics). The largest increase was from the WIC program.

Sixty-three Hispanics came to District IX health departments for services in 1992 and only 51 in 1996. The largest majority came to immunization clinics for services.

— Harrison County

In 1841, white settlers formed Harrison County, naming it after ninth President of the United States William Henry Harrison. Located strategically on the Gulf Coastal Terrace soil area of Mississippi, local founders planned the county to serve as

Mississippi's economic port of entry from the Gulf of Mexico. In the years to come, Harrison County would become a port of entry for immigrants from scores of differing cultures as well.

Today, close to 7,500 Harrison County residents were born outside the United States. Most of those residents of non-U.S. origin reflect either Hispanic or Vietnamese backgrounds, yet smaller subcultures of people with Chinese, Filipino, Japanese, Asian, Indian, Korean, Cambodian, Guamanian, Samoan, and Thai origins exist. Census data recorded in 1990 shows 669 linguistically isolated households, with 306 families speaking only an Asian or Pacific Island language and 149 speaking Spanish only.

Harrison County's two governmental seats Gulfport and Biloxi both rank among the state's most heavily populated cities. Biloxi, second only to the city of Jackson in population, boasts more than 46,000 residents. Gulfport, the sixth largest Mississippi city, is home to just under 41,000.

As is the case among most of Mississippi's urban areas, population was decreasing until legalized gambling arrived. Gulfport's population dwindled by 1.1 percent between 1984 and 1990, then jumped by more than 50 percent over the next four years. Biloxi lost 4.4 percent of its population between 1984 and 1990; population figures after that are not yet available. Despite that trend among the general population, Harrison County's population of persons of Hispanic origin is increasing at a rate that surpasses most other Mississippi counties.

Along Mississippi's Gulf Coast, Harrison County cities attract more foreign-born persons than other coastal cities. Well over five percent of all residents in both Biloxi and Pass Christian were born outside of the United States.

— Chickasaw County

Chickasaw County's name itself reflects the region's racial and cultural diversity. The county was christened after the Chickasaw Indian tribe in 1836. The tribe named the area Chickasaw meaning "rebellion" or "He who walks away." The area is 506 square miles and is located off the Natchez Trace Parkway in northeast Mississippi. During the year 1837, a census was taken, which counted 629 settlers in Chickasaw county. Most of the settlers who came were looking for new opportunities. Within three years, the population rapidly grew to 2,955 people.

Chickasaw county neighbors Vardaman, Mississippi in Calhoun county. Vardaman is known as the "Sweet Potato Capital of the World." During the 1930's the sweet potato industry was started and the industry increased greatly during the war years.

*The coast can claim as many
differing populations as fish in the sea.*





*Ethnic restaurants find a home
near Hispanic settlements near Vardaman.*

*Copies of both surveys may be
obtained from any project team
member.*

In the 1950's, with the Industrial Revolution, Chickasaw county saw tremendous growth. The furniture industry was begun to ensure a needed financial base other than agriculture.

Current population of Chickasaw county is 18,085. Houston population: 3,903. Okolona: 3,267.

Although the 1990 census recorded only 83 people of Hispanic origin, locals estimate approximately 1,000 Hispanics including adult male, adult female, and children presently living in the county. Most of these people come from Mexico and are here to farm sweet potatoes. There are usually multiple families living together in houses, mobile homes, and apartments. Census data shows only 22 linguistically isolated households, eight of them Spanish-speaking.

Surveys/Narrative Conclusions —

With the latest population statistics from the U.S. Census Bureau being in 1990, it is difficult to determine actually how big of an increase there is in these populations at this time. Several counties in the state are beginning to serve large numbers of clients that are non-English speaking. Others have encountered insignificant changes in their patient population.

— Observational Survey

The Division of Epidemiology conducted an observational questionnaire to possibly get an idea of population groups the health departments in the state are serving, the number of these patients that use clinic services, and what type of services they use etc. The surveys were mailed to all Epidemiology Nurses in the nine Public Health Districts with directions to disseminate to individuals that would be the most appropriate to complete the survey.

Sixty-seven surveys were returned from 64 counties to the Division of Epidemiology; some counties completed more than one survey. Thirty-five percent were completed by County Coordinating Nurses with the remaining 55 percent by other disciplines in the clinic. Forty-nine of the 67 indicated that their clinic was currently serving patients that are non-English with the largest majority of the non-English population from Mexico.


The occupations of these non-English patients ranged from farm workers, construction workers, hotel, food and poultry industry. Main services that these populations seek from the health departments are immunization, family planning, prenatal services, sexually transmitted diseases treatment and WIC.

As reported earlier, statistics from the U.S. Census Bureau indicate that Chickasaw County has less than 100 people with Hispanic origin from 1990-1994. This would be a gross underestimate from the observational questionnaire completed by the County Coordinating Nurse in Chickasaw county. The estimated county health department response was 1,000 Hispanics estimated in this county. This population is considered migrant farm workers and are mostly hired to work in the sweet potato industry.

In 1990, Harrison County had 2,939 Hispanics and in 1994 they had 3,856 approximately a 24 percent increase in this population based on reports from the U.S. Census Bureau. The survey that was completed for this county indicated that Hispanics were not currently receiving services from the local health departments, but the Vietnamese population did seek health care in the public health departments. Ironically, after interviewing one of the county's translators for the Hispanic population, it was learned that the Hispanics are definitely a growing population in this area.

Total Public Health Commitment

Emerging populations of varying cultures affect all public health professionals clerks, nurses, social workers, environmentalists, breast-feeding coordinators, WIC staff, health educators, DIS staff, and nutritionists.

Many migrant workers take seasonal jobs, and they learn to subsist on what they can find. In some counties, health department staff discovered many people of Hispanic origin were supplementing their meals with the prickly pear cactus that grew on the lawns of their apartment complexes. 



Hispanic workers greatly add to Chickasaw County's economy.

— Chickasaw and Harrison Counties Survey

The leadership team developed a questionnaire to be administered to clinic staff in the Chickasaw and Harrison County. Initially, this Leadership Team Survey was developed for the clerks in the health department to determine if they were asking patients questions about their race and were they coding it in the computer in the PIMS system. Upon further review, we decided to provide the survey to other staff in the clinic to find out their background on the populations they serve and their interest in having additional training in these areas. Consulting epidemiologist Alan Penman compiled and analyzed the results of the survey.



The sweet potato fields are full of one-of-a-kind treasures.



A small altar sits in a quiet spot among fresh produce and dried goods in a Vietnamese shop.

Nineteen surveys were completed by county clerks, nurses, nutritionists, social workers and environmentalists. A total of eight surveys were completed in Chickasaw County and eleven in Harrison County.

Based on the survey results, the clinic staff report an average of about 30 patients each day (mean=29, median=30; range: 8-50). Chickasaw: mean=39, median=35-40 (range: 35-50); compared to Harrison: mean=22, median=25 (range: 8-45).

All surveys reported that they get visits from people who cannot speak English. This is usually five or fewer visits per week (58 percent). Just over half of the surveys report that this is a change from the past. Of the 10 surveys reporting that this is a change, four are seeing 6-10 patients per week and four are seeing more than 10 patients per week; in other words, the clinics reporting change tend to be the busier clinics.



People migrating to Mississippi bring not only their families but also their beliefs and culture.

Only just over one-third of survey respondents report that they regularly ask: "What is your race?" Most (6/7) of those surveyed are seeing 0-5 patients per week. Of the 12 surveys not asking about race, three are seeing 6-10 patients per week, and four are seeing more than 10 patients per week. These survey respondents should be asking about race and ethnic background.

Five of 18 surveys (28 percent) report that they code a black Hispanic male as "Hispanic"; the other 13 say they would code him as "Other." Obviously, there is a need for clear coding guidelines on race/ethnicity.

Regarding methods of communication with patients who don't speak English, 13 clinics say they rely on family members, seven on interpreters, and eight on friends (the numbers add up to more than 19 because of overlap).

The barriers to communication faced by the clinics are listed as shown. Most (78 percent) of the respondents would like background information on different ethnic groups, and a similar percentage would be interested in participating in a seminar about different cultures. Most (94 percent) were unaware of other services being provided by their county for people who don't speak English, so there is an obvious need for someone (or some organization) to put together a resource guide in each area and act as an advisor/coordinator.

Eighty-three percent said they had brochures for non-English-speaking people; not surprisingly, nearly all of these also believed that brochures are effective. Nearly all (15/17) respondents that say brochures are effective still report barriers to communication. Brochures can be useful, but this assumes that everyone is literate, and past experience with Hispanic groups in other states has shown that they can easily be misleading, confusing, and irrelevant (and even offensive!) unless considerable thought goes into their design.



The Chinese immigrants living along Mississippi's Gulf Coast sometimes offer 'hell money' as payment to enter into heaven.

General comments: The numbers are too small to do further analyses. Most of the respondents report communication problems, and feel that these interfere with the provision of medical services. Many rely on family members and/or friends, but this does not ensure proper understanding of, and provision of, medical care unless that family member/friend is also knowledgeable about medical terms and procedures. Nor will brochures ensure this, no matter how carefully designed. It would be better to identify one person in each non-English-speaking community who has a good basic education, is bilingual (or can be taught English), and who could be taught about basic health care (what is required and how health care is organized in the area) and what services and resources available. Focus groups could also be conducted (led by this person) to determine needs, barriers, and other issues important to each community.



Although the owner of this Vietnamese shop says he doesn't use hell money, he offers it for sale out of respect to his Chinese neighbors.



Coastal casinos have recognized the area's changing population and now market for their entertainment money.

Hispanics now represent about 11 percent of the total U.S. population, but last year accounted for 40 percent of the population growth. Asians represent 3.5 percent of the population, but accounted for 14 percent of the increase.


Washington Post

Trend Report

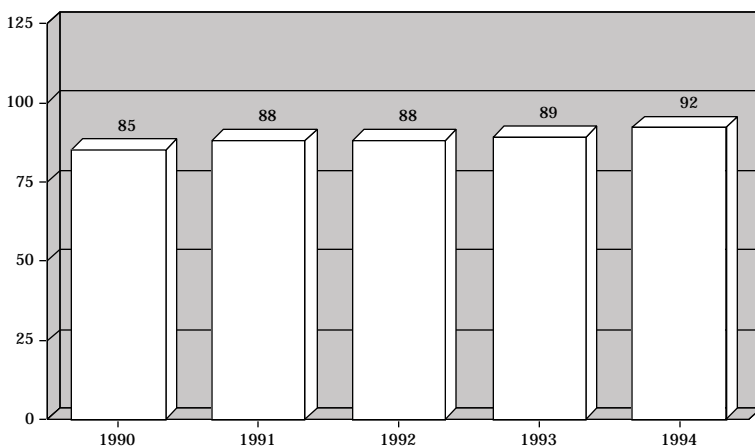
Differing Systems Of Care

Customs and practices of varying populations can create culture shock for the public health professional. For a person leaving one system of health care and experiencing another, differing systems of health care can be even more frustrating.

Three things soon became clear as the public health nurse discussed the boy's sickness with his mother: the child had fever; the family had no money; and the boy had been taking pills from a small bottle with an unintelligible label. Concerned, the nurse asked where the family had gotten the pills.

Money is tight here, the mother explained, and medicines are expensive. Any time her family became ill, she would relay the symptoms of the illness to her relatives in Mexico. There, they could get treatments at about one-sixth of the cost here, and they would mail them to her to treat her family. 

Chickasaw County — Hispanic Population
1990 — 1994



Nationally, Hispanic-origin and Asian/Pacific Islander populations will experience annual growth rates in excess of two percent until the year 2030, according to the Bureau of the Census. By way of comparison, the total U.S. population never grew by two percent a year even during the Baby Boom era's peak.

Immigration alone will not be the deciding factor in the nation's growing Hispanic population. By the year 2000, Hispanics will outnumber Black Americans in the percentage distribution of births within the United States (Hispanic: 17.5 percent; Black 16.4 percent).

Today, Mississippi is home to roughly 2.7 million people, ranking the state as the 31st most populous in the nation. By the year 2025, the US Census Bureau expects the state's population to grow to 3.1 million, elevating its rank by one.

Traditional populations are expected to remain relatively stable. Percentages of non-Hispanic whites would slip from 62.6 percent to 60.6 percent, while non-Hispanic African Americans would make up 36.9 percent of the state's population, up from 35.8 percent.

Percentages of non-Hispanic American Indians would remain static at 0.3 percent.

Non-Hispanic Asians and Pacific Islanders would continue a slow increase from 0.6 percent to 1 percent, and people of Hispanic origin of any race would increase from 0.7 percent to 1.3 percent.

Sheer numbers paint an even clearer picture of Mississippi's changing population over the next three decades. Between 1995 and 2025, total numbers of people living within all populations would increase, except for non-Hispanic American Indians.

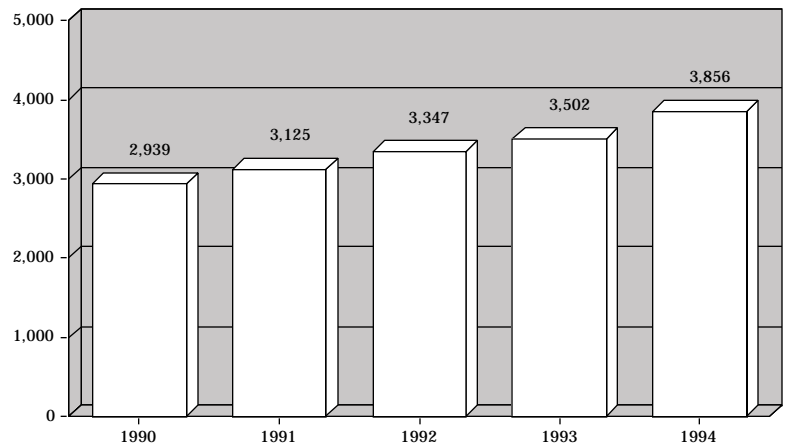
Mississippi's two emerging populations would continue to grow: over the next 30 years, non-Hispanic Asians and Pacific Islanders would gain 16,000 in population, while people of Hispanic origin would gain 20,000.

Despite those gains, Mississippi is not projected to face growing pains greater than those of most states. Through 2025, will face only the 40th largest gain among non-Hispanic Asians/Pacific Islanders and the 46th largest gain among Hispanic populations. Both populations should double over the next 30 year period. Still, Hispanic populations are growing much faster in the Southeast than elsewhere in the United States.

Based on reports contained in "Mississippi Business Journal," Hancock county last year experienced a greater influx of Hispanics than any other county in the state. The Journal also verified what staff had reported, that most of increase in the Hispanic population was caused by the rapid growth of the state's poultry industry. In Morton, BC Rogers alone employs about 500 Hispanic employees. Since 1990, DeSoto, Lee, Madison, Rankin, Forrest, Lamar, Pearl River, Hancock, Harrison, and Jackson counties have witnessed Hispanic population increases between 25 percent and 46.6 percent. Although staff reported incidental population growths near casinos, casino location does not appear to be the only factor in increasing varying populations. From 1990 to 1994, Tunica County experienced a 16 percent drop in its Hispanic population, the largest drop in the state.

As a whole, census data reflects those persons who allow themselves to be counted, and totals of illegal immigrants are often under reported. About 31 percent of the foreign-born population in the United States are naturalized citizens, according to the U.S. Department of Commerce.

Harrison County — Hispanic Population
1990 — 1994



The manager of one apartment complex in Chickasaw County says one-third of her tenants are Hispanic laborers.





Eduardo Battistella, fluent in five languages, operates a Spanish translation service in Biloxi. He plans to establish his own Spanish-language newspaper.

Over the next 20 years, the U.S. population will grow by 42 million. Hispanics will account for 47 percent of that growth.

Recommendations/ Conclusions

Communicating Public Health

Assuring the public's health by providing services to people of differing origins sometimes means communicating public health principles to people who've lived here all their lives.

Instinctively, the public health nurse applied a small bandage to the prisoner's arm, then turned and advanced toward the group of Hispanic men sleeping in the corner of the jail. The guard waved her back.

No TB tests would be conducted on Mexicans who had entered the country illegally, he told her. They're federal prisoners, the guard explained, and the county will not spend local money on them.

Months later, as the same nurses read the positive skin tests from a group of American-born prisoners, jail officials shook their heads, wondering aloud how the disease had spread from out of nowhere. ♦♦

According to several national organizations such as the American Public Health Association, the American Association of Retired Persons, the U. S. Conference of Mayors, the National Conference of State Legislatures, and the National Association of Counties excluding immigrants from health care coverage regardless of citizenship status undermines this country's ability to combat contagious and infectious diseases.

I. Staff Development/Training Needs —

- A. Cultural Diversity Training/Sensitivity Training — Cultural sensitivity results from the learning of beliefs and attitudes of the culture on an ethnic group. A cultural awareness workshop might include primary health care providers and representatives of the emerging populations as the target audience. Topics for discussion might include folk medicine beliefs and practices, access to health care for specific groups, cultural factors that have influenced health care beliefs, communication techniques, and effective communication patterns. Large group discussion with the use of small culturally mixed groups and role play encourages interaction. Scenarios for discussion might include issues such as importance of the family, responsibilities of the client and

health care provider, significance of specific physical symptoms, significance of different types of medical treatment, office routines that could be embarrassing to the client, and suggestions on available health care services/resources for the specific area.

- B. Recommendations for training on coding guidelines on race and ethnicity.

II. Resource Guide/A Work in Progress —

III. Establishment of Local Task Forces —

Tasks forces must be organized to suit county needs.



A Vietnamese man sorts through exotic vegetables in a coastal ethnic market.



Specialty markets with unique foods will force health advocates to take a closer look at nutrition practices.



A language teacher travels from Amory in Monroe County to help lead this Chickasaw County congregation in worship.

Resource Guide

✍ Lack of Resources

In Scott County, public health staff indicated their most valued resource in dealing with emerging populations is the interpreter. Usually, rural counties must turn to either college students who can work only sporadically or volunteers from the populations needing services. Not only does the practice pose the possibility for confidentiality breaches, but it also opens staff to the danger of accepting any resources that might be available.

This time, the nurse was sure she'd seen it.

The client seemed to answer her questions straightforwardly. But she couldn't be sure, because she really couldn't understand the responses. And now she saw that each time she posed a personal question — a question relating to sexually transmitted disease — the young lady interpreting for her would hesitate, blushing deeply, until she regained her composure enough to say something to the client.

The young lady had come to the health department as a part-time volunteer, willing to serve as a link between her community and the public health professionals of the area. She was welcomed at once. After all, the public health staff knew of no other resources they might use to communicate with their non-English speaking clients.

Now, the nurse wondered if the information she'd been trying to convey was getting to her client. In her mind, something clicked.

"How old are you?" the nurse asked not her client but her interpreter.

The answer: the young lady was a fifth-grader, in the same class as the nurse's daughter. She was failing several of her

classes, and she felt her time at the clinic provided a relief from the drudgery of school work. ♦♦



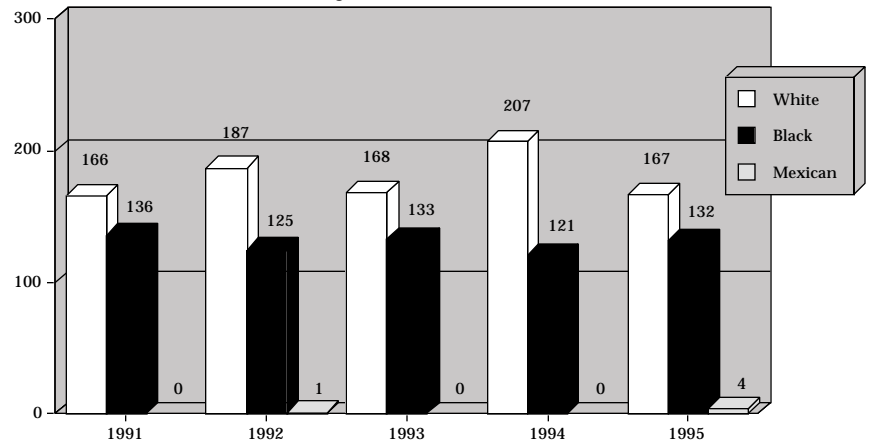
An apartment complex in Chickasaw County saved enough money to purchase land behind their apartment complex and build their own place of worship.

The health status of individuals, families, and communities is the product of interaction between the client and the environment. Health care providers must be knowledgeable about beliefs related to respect, authority, and modesty in order to increase the effectiveness of the medical visit.

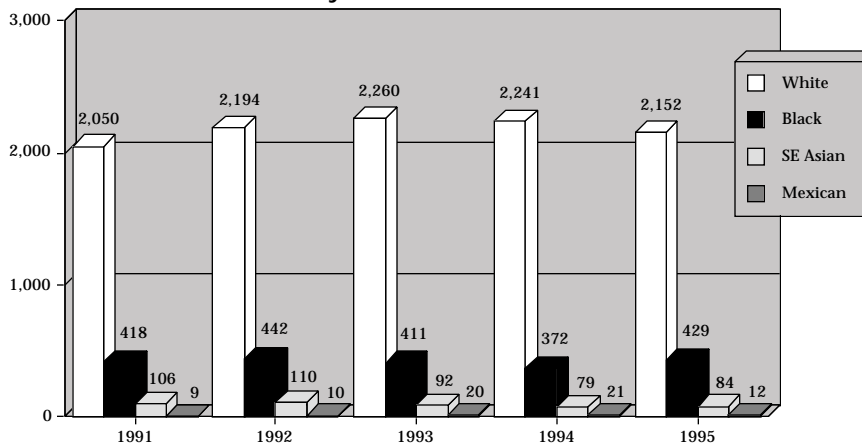
Culture is a significant component of the environment that has influence on the client's health. Culture is a pervasive social phenomenon that colors attitudes, values, and beliefs. It is important for the health care professional to consider their clients' cultural backgrounds in formulating care to meet health needs.

Because research indicates the Hispanic population is the fastest growing segment in the state, this resource guide deals specifically with that population.

Chickasaw County — Live Births to Residents



Harrison County — Live Births to Residents



Source: Vital Records

Organizations dedicated to community development often can serve as resources for local leaders dealing with diverse populations.





This mission is conveniently co-located with Vardaman's budding Mexican restaurant.

Definitions

Race — classification of human beings on the basis of certain biological characteristics such as the color of skin, eyes, hair or features such as hair texture or the shape of the eyes, nose, lips, etc.

Culture — the shared collection of beliefs, values, and behaviors that permit a group of people to interact effectively with their environment.

Ethnicity — a sense of belonging to a distinct population group on the basis of specific national and/or biological characteristics.

Cultural sensitivity — recognition and understanding of different cultural factors in health and illness. Cultural sensitivity is a prerequisite for individualized holistic health care.



City governments along the coast today post many of their signs in various languages.

Ethnomedicine — also called “folk Medicine.” There are two main belief systems that explain illnesses: personalistic medical systems in which illness is believed to be caused by supernatural or spiritual causes; naturalistic medical systems in which illness is believed to be caused by an imbalance in the body.

Melting Pot — describes assimilation of ethnic groups into the United States. Currently considered out of date.

Salad — describes the trends toward valuing diversity of different ethnic groups in the United States. Each person/group is valued for his or her uniqueness as it contributes to the whole.

Cultural Diversity — understanding the similarities and differences created by individual learning about “living” in varied family situations. These areas of differences and similarities include: food, eating habits, dress codes, time and time

consciousness, beliefs or attitudes, relationship building, communication both verbal and non-verbal.

StereoCitizen — a native or naturalized person who vows allegiance to a government and is entitled to reciprocal protection from it.

Typing — assumption that a person or group conforms to preconceived patterns or behaviors.

Immigrant — a person who comes to a country to take up permanent residence.

Alien — a foreign-born resident who has not been naturalized and is still a subject or citizen of a foreign country.

Undocumented — a foreign-born resident who has not been naturalized (alien) and who does not have an identification card attesting to residency.

Refugee — one that flees to a foreign country to escape danger or persecution.

Migrant — a person who moves regularly in order to find work, especially in harvesting crops.

Visa — an endorsement made on a passport by the proper authorities denoting that the bearer is entitled to remain legally in the country for a specified period of time.

Green Card — an identification card attesting to the permanent resident status of an alien in the United States. Relates to the fact that the card was formerly colored green.

Citizen — a native or naturalized person who woes allegiance to a government and is entitled to reciprocal protection from it.

INS — the Immigration and Naturalization Service, the agency of the government that deals with immigrants.

FQHC — Federally Qualified Health Center.

RHI — Rural Health Initiative

PRUCOL — Permanently Residing in the United States Under Color of Law.

Dock signage reflects Gulfport's buy-in with the 'salad' principle of ethnic diversity.





In Gulfport, the Vietnamese culture shares a taste for shrimp, whether fresh, frozen, or pickled.


Cultural Notes

Flexibility

Sometimes, ethnocentricity forces inflexibility in dealing with other cultures, leaving those cultures even more afraid of assimilation.

The woman spoke no English. Luckily, her husband had learned the language while working in the fields, and she therefore asked him to accompany her whenever she made forays into her new English-speaking world, especially when she sought health care.

She naturally brought her husband along when it was time for her pelvic exam, but she soon learned through his interpretations that her doctor did not allow males in the room while performing the procedure.

As a result, the doctor performed the examination with no interpreter in the room and no way to communicate with his patient. 



An ethnic market in Gulfport serves as both a shopping center and a recreation area for various cultures and age groups.

HHealth care professional must not assume that the following generalizations will apply to any individual patient seeking health care. They are presented here only to increase the reader's awareness of ways to communicate with clients.

One can not hope to become an expert on every ethnic group. However, the health professional can be open and interested in learning about the client's concerns and needs in relation to traditional practices and can treat these practices with respect.

Strategies for Avoiding Barriers in Communication —

Approach —

- Consider whether a direct approach is acceptable or whether direct questions are embarrassing or offensive.
- Take time to engage in some social interaction to show respect and gain confidence and knowledge.
- Safeguard the patient's sense of modesty; avoid discussing matters related to her care when outsiders are present.

Customs —

- Recognize that all human behavior is influenced by cultural patterns. Never assume that a practice is unimportant. Learn the significance of practices and facilitate them whenever possible.
- Learn the rationale for unusual practice and incorporate it whenever possible into your plan of care. When the rationale cannot be incorporated, for reasons of safety or practicality, find out whether there are alternatives that would be acceptable to the patient.

Language —

- Never assume that the patient understands you if English is their second language. Arrange for translation and use written patient information.
- Avoid using American slang and medical jargon. Speak slowly and quietly.

(Stern P., Tilden V., Maxwell E.: Culturally induced stress during childbearing: The Filipino American experience. Issues Health Care for Women 2:67, 1980)

Immigrants often share more with American culture than we at first realize.





*As it did years ago,
the Gulf Coast still serves as a harbor to the world.*

*Through the 1990s, people of
color, women, and immigrants will
account for 85 percent of the net
growth of the nation's labor force.*

Brief Facts

Hispanics (Mexico, Cuba, Puerto Rico, Chile, El Salvador, Guatemala, Nicaragua and the Dominican Republic)

Health Problems

- Approximately 33 percent of Hispanic mothers have no prenatal care during the first trimester. One-third of Hispanics are overweight, and the suicide rate has been increasing rapidly. The incidence of diabetes is five-times the national average, and complications from diabetes and heart disease are frequent. Smoking and alcohol consumption continue to increase.

Common Characteristics

- The family serves as a strong, natural support system for the patient. Strong family ties consist of both nuclear and extended members.
- The male is the traditional head of the family. Hispanic males find it difficult to tolerate any loss of authority or self-esteem.
- Modesty is important to the Hispanic patient. Males may refuse parts of a physical exam or treatment if it threatens their modesty. Women may be reluctant to undertake patient care at home if it means they must touch a male's genitalia, even if the male is their son.

Common Beliefs

- Pregnancy and childbirth are a natural condition requiring no medical care under usual circumstances.
- The curandero, the religious folk healer who believes his power comes from God, is consulted for health care advice.

Common Behaviors


- The pregnant woman is considered vulnerable to outside bad influences. She may wear a cinta (a belt with keys attached) or a muneco (a knotted cord around the abdomen) to prevent complications.
- Some believe colostrum too be unclean and will not breast-feed until the second day after birth.
- May observe a 40-day resting period after birth called la cuarentina, during which dietary and activity restrictions apply including sexual intercourse.
- Mothers may bind the infant's umbilicus to prevent mal aire (bad air) from entering and consequently resist allowing the umbilicus to air-dry.

Conflicting Messages

Often, public health staff find various cultures have entwined spiritual and social issues with their beliefs about health. Although health department workers are an acknowledged source of health information, they stand almost no chance in delivering a message while competing against what another sees as the instruction of God.

The young man realized he needed help. But for him, a social worker wouldn't do. His apartment manager tried to introduce him to the local public health nurse or social worker, who would then refer him for treatment of his alcohol addiction. That was no use, the man insisted.

While he was still a boy, he had fallen into displeasure with a practitioner of voodoo, the man remembered. The voodoo queen' had cursed him to this fate, slipping his photograph into a bottle of wine, telling him he was doomed to alcohol. Years later, the only thing that could save him would be to find another practitioner of magic who could reverse the spell. Finally, he had found such a person willing to perform the rite for an unreachable amount of \$500. Because he had failed to raise the money, he left, quietly resigning himself to his fate.

In what context could a local health care provider offer a possibly life-saving referral? 

This section is included to equip the local provider with cultural practices commonly used by the Hispanic population. Although the medical professional might neither condone nor discourage these practices, they are important aspects of traditional cultural treatment. Respect of these customs builds rapport with the client, and as a result appropriate treatment can be provided.

Four of the most common clinical syndromes among Hispanics are:

1. Susto or "fright sickness" can affect people of all ages. Because of their believed innate weakness, women and children are thought to be highly susceptible to susto. Believed to be caused by magical fright and loss of the soul, susto may be due to a inability to cope with a situation, a sudden surprise, danger or terror.

Symptoms —nervousness, sleeplessness, and loss of appetite.

Local gathering places and civic centers serve to benefit both citizens and immigrants.





In Mississippi, a thriving agricultural market is becoming synonymous with a thriving Hispanic population.

Folk treatment — rubbing the patient's body with special herbs, administering herbal teas and sugar water, and prayers. Studies have shown that patients suffering from susto may have a more serious disease and should be carefully evaluated.

Prevention — avoiding excitement, alertness for danger, and drinking water.

2. Empacho or "blocked intestine" can affect individuals of any age, but infants, children, adolescents, and women in the immediate postpartum period are at highest risk for this condition. It is believed to be caused by a bolus of undigested food adhering to the walls of the stomach or intestine. May result if one is forced to eat, or eating too much rice, potatoes, or bananas.

Symptoms — stomach pain, diarrhea, vomiting, and anorexia.

Folk treatment — massaging the abdomen or back, or administering a laxative. Other treatment may include increasing fluid intake, slapping the skin, in the costovertebral angle or ingesting a "cold metal" (for example quicksilver) followed by a "hot" laxative such as castor oil.

Prevention — periodic purge of the gastrointestinal system.



Communities surrounding Chickasaw County are slowly beginning to feel the influx of Spanish-speaking people looking for field work.

3. Caida de mollera or “fallen fontanelle” is a condition of young infants. It is believed to result from being bounced too vigorously, from head trauma, or from rapid or rough removal of a nipple from the baby’s mouth. Since the usual cause of this condition is severe dehydration, proper medical treatment is essential.

Symptoms — depressed fontanel, vomiting, diarrhea, irritability and inability to suck.

Folk treatment — exerting pressure on the infant’s palate to push the fontanel back in place, use of herb teas, application of a poultice of egg white, rue, and other herbs to the fontanel or by holding the infant by the ankles and immersing the fontanel three times in a pan of water.

4. Mal de ojo or “evil eye” can affect people of all ages, but pregnant women and young children are thought to be particularly susceptible. It is believed to be caused when one either admires a child or envies the parents and does not touch the child.

Symptoms — constant crying, fever, diarrhea, vomiting, and irritability.

Folk treatment — Have the person with the evil eye touch the victim. This touch is supposed to break the evil bond and relieve the symptoms. When the person responsible cannot be found, treatment involves passing a whole egg over the child’s body or rubbing the egg on the body while reciting prayers. The egg is then broken and left in a bowl under the head of the child’s bed all night to draw out the fever.

Prevention — touching a child one admires is encouraged.

Locals insist many professionals from different countries are drawn to the coast by the various military installations.





Products grown in the USA increasingly are grown and harvested by people relatively new to the USA.

Common Lay Terms and Phrases

High blood refers to an excess of blood in the body and is not related to a medical diagnosis of high blood pressure. High blood is thought to result from the ingestion of rich food, particularly red meat. Treatment may include ingesting lemon juice, vinegar, Epsom salts or other “astringents” that are thought to open the pores and allow the excess blood to be “sweated” out.

Low blood is believed to be a condition of “too little” blood in the body and is comparable to anemia. Its perceived cause may include too vigorous treatment for “high blood,” too many astringent foods or prolonged use of medications for hypertension.

Thin blood describes a supposed increased susceptibility to illness. Believed to be prevented by the use of warm clothing and by staying indoors during cold weather.

Bad blood refers to sexually transmitted disease and is believed to be acquired through sexual promiscuity. This belief may be unrelated to scientific concepts of bacteriologic infection.

Poison blood may refer to septicemia, but may also indicate illness due to witchcraft. Rashes are thought to be indicative of impurities in the blood rising to the surface. Cat nip tea may be given to newborns to drive out the impurities acquired in utero. Impurities may also be treated by purging with cathartics.

Mal puesto refers to conditions caused and cured by magic.

Serena or **draft** is a condition in which dampness or evil spirits cause symptoms of an upper respiratory infection.

Coraje or **rage** is characterized by psychomotor hyperactivity, screaming, crying, an yelling believed to result from an emotional response to a particular situation.

Espanto is severe fright after witnessing supernatural events.

Pujos is characterized by grunting and umbilical protrusion in an infant, an is believed to occur as a result of contact between the infant and a menstruating woman. Treatment involves tying a piece of fabric from the woman’s clothing around the infant’s waist for three days.

Ataque is a condition recognized by Latinos of Puerto Rican descent. Characterized by hyperkinetic seizures, aggression, or stupor. May be a response to tension and stress or may be an expression of grief at the death of a loved one.

Resources Available

I. Spanish Translation Guides

Pocket Medical Spanish. Dollinger, Russell K. JDV
Publishing Company • 18338 Gault Street • Resenda, CA
91335, 818/343-1648, 800-788-0064
An instant self use interpreting aid for medical professionals.

A Pocket Guide for the Medical Professional . Third Edition.
Skaarup, M.D., T.P.
Summary of references for the non-Spanish speaking professional.

®Que' Paso'? An English-Spanish Guide for Medical
Personnel. Kantrowitz, M.D., Martin P. , Mondragon,
Antonio, Coleman, M.D., William Lord.
*A handy aid in the diagnosis and treatment of the most common
adult and pediatric problems presenting to the clinic, emergency
room, and physician's office.*

II. Text Books

Diabetes Dictionary/Diccionario De La Diabetes . U.S.
Department of Health and Human Services.
Available through Chronic Illness Program at 601/960-7725.

Medical-Surgical Nursing . Eighth Edition. Suzanne C.
Sneltzer, Brenda G. Bare, 1996.
Brunner and Suddarth's Textbook.

Mosby's Guide to Physical Examination . Third Edition.
Seidel, Henry M., Ball, Jane W., Dains, Joyce E., Benedict, G.
William.
Comprehensive resource for Cultural Awareness.

Nursing in the Community . Clark, Mary Jo.
Detail of cultural influences on community health.

Comprehensive Maternity Nursin g. Second Edition. May,
Katharyn A., Mahlmeister, Laura R.
Description of common cultural variations in the United States.

III. Publications

Six Steps Toward Cultural Competence . Minnesota Public
Health Association. Copies available from the Refugee Health
Program, Minnesota Department of Health • 717 Delaware
Street S.E. • Minneapolis, MN 55440.
*Describes ways health care can be more accessible to immigrants
and refugees.*

*Mississippi's emerging populations
feel at home on both dry land and salty gulf.*





Immigrating populations seem glad to share part of their culture with their new neighbors.

Multicultural Resource Guide and Bibliography . National Association of County Health Officials • 440 First Street NW, Suite 500 • Washington D.C., 20001 • 202/783-5550 • Fax 202/783-1583.

Contains sources of educational and informational materials regarding multicultural health issues.

Migrant Health Resource Catalog . National Center for Farmworker Health, Inc. (NCFH) • 1515 Capital of Texas Highway. South • Suite 220 • Austin, Texas 78746 • 512/328-7682 • Fax 512/328-8559

Contains a listing of posters, pamphlets, directories, and videos available regarding migrant health.

IV. Organizations/Personal Contacts

National Coalition of Hispanic Health and Human Services Organizations • 1501 Sixteenth Street, NW • Washington, D.C., 20036-1401 • 202/797-4348

Packet to include training materials, professional resources, and hotline information.

American Red Cross , Central Mississippi Chapter • P.O. Box 5068 • Jackson, MS 39296 • 601/353-5442 • Fax 601/353-5466

Spanish Language program materials

US Department of Justice , Immigration and Naturalization Services • Room T-8011, New Federal Building • New Orleans, La 70113 • 504/589-6533

Scott County Health Department • 601/469-4941, District VI • 601/482-3171, Mississippi State Department of Health.

National Center for Immigrants Rights , 1636 W. Eight Street • Suite 215 • Los Angeles, CA 90017 • 213/487-2531

National Migrant Referral Center • 512/447-0770

Migrant Legal Action • 202/462-7744

Lawrence Fabacher, Immigration Attorney • 1 Canal Place, 365 Canal Street, Suite 2340 • New Orleans, LA 70130 • 504/522-2800

National Immigration Law Center, 1101 14th Street, Suite 410 • Washington, DC 20005 • 202/216-0261 • Tracks policy on Capitol Hill and disseminates information to states.

V. Web sites

Just a few to get started...

Immigration and Naturalization Service (INS) •
<http://www.ins.usdoj.gov>

Migration News •
<http://migration.ucdavis.edu/mn/mntxt.htm>

National Center for Farmworker Health, Inc. (NCFH) •
<http://www.ncfh.org>

Folk Medicine in Hispanics •
<http://www.rice.edu/projects/HispanicHealth/Courses/mod7/mod7.html>

Improving Services for Hispanics •
<http://www.os.dhhs.gov/about/heo/hispanic.html>

American Immigration • <http://www.rt66.com/immigration>

National MultiCultural Institute • 3000 Connecticut Ave,
NW • Suite 438 • Washington, D.C. 20008-2556 •
<http://www.nmci.org/nmci/history.html>

U.S. Census Bureau • <http://www.census.gov>

March of Dimes • <http://www.modimes.org>

VI. Toll Free Numbers

Mississippi Take Care Line • 800-721-7222 or 601/354-7154

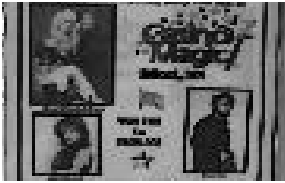
The National Hispanic Immunization Hotline • 800-232-0233

The National Hispanic Prenatal Hotline • 800-504-7081

Spanish Language Materials, Office of Minority Health •
800-444-6742

*Often, representatives from populations
in need of service offer the best advice on finding resources.*





*After years in the area,
Vietnamese cultures have made the Gulf Coast their home.*

WIC AT&T Language Line

The WIC AT&T Language is intended for use with WIC certifications, but clinics may access the line to serve any possible WIC participant for other medical reasons. Eligible WIC participants should be certified after calls made for purposes other than WIC certification. As of July 1997, the agency's code averaged about 18 calls per month, with most calls originating in Leake, Scott, or Forest counties.

The Language Line provides 24-hour interpretation for more than 140 languages. Callers must give the MSDH WIC client number and identify the organization by name. They then give their clinic's personal code, and the operator connects to an interpreter.

Clinics needing client ID numbers and personal codes should contract Traci Goodwin, WIC, at 601/987-6730. To use the Language Line:

1. Dial 1-800-874-9426.
2. An operator will answer. Give client ID and organization name.
3. Give personal code.

March of Dimes • 888-MODIMES • 888-663-4637 •
Fax 914/997-4763 • E-mail: resourcecenter@modines.org

Medico De Familia • health magazine for Hispanic patients •
800-225-7084

VII. MSDH Brochures Available Through Central Supply.

Early Intervention Resource Library

- Underwood Annex, Room 107; 800-451-3903; call for current listing of books, videos, pamphlets (Spanish)

Non-English Immunization Vaccine Information Statements (VIS) —

- Form 119 - Influenza VIS (Spanish)
- Form 975 - Polio (OPV) VIS (Spanish)
- Form 976 - Measles, Mumps, and Rubella (MMR) VIS (Spanish)
- Form 977 - Diphtheria, Tetanus, and Pertussis (DTP) VIS (Spanish)
- Form 978 - Tetanus and Diphtheria (Td) VIS (Spanish)
- No # - Haemophilus Influenza Type b VIS (Spanish)
- No # - Hepatitis B, Hepatitis Vaccine Hepatitis B Immune Globulin (Spanish)

Immunization Educational Materials

- Catalog 5384 - Stay Free From Hepatitis B (Spanish)
- Catalog 5385- Protect Your Child With Shots
- Catalog 5402 - My Book About Shots (Spanish)
- Catalog 5406 - Baby's First Year — A Calendar Of Tips For Parents (Spanish)

Maternal/Child Health/Family Planning Materials

- Catalog 5072- Breast-feeding: Five Easy Steps (Spanish)
- Catalog 5340- It's the Start of a new Life (Spanish)
- Catalog 5341- Alcohol Affects Your Baby's Life (Spanish)
- Catalog 5342- How Your Baby Grows (Spanish)
- Catalog 5371- What Everyone Should Know about Contraception (Spanish)
- Catalog 5375- From Birth to Birthday (Spanish)
- Catalog 5377- Pregnant? Don't Smoke (Spanish)

Tuberculosis Materials

- Catalog 6406 - Think TB! (Spanish poster)
- Catalog 5772 - Tuberculosis — Get The Facts! (Spanish)
- Catalog 5745 - Tuberculosis — The Connection Between TB And HIV (The AIDS Virus) (Spanish)Chickasaw County Resources

Chickasaw County Resources

- Chickasaw County Cultural Diversity **Task Force** • Chairperson, Tammy Chamblee, RN • Chickasaw County Health Department • 601/456-3737
- **Interpr eters**, Amalia Gutierrez, Pine View Apartments, 601/456-4266 • Pam Doss, Manager Pine View Apartments, 601/456-5830 • Jan Dyson, Trace Regional Hospital, 601/456-3701 • Daphne Cook, Sweet Potato Farmer, 601/682-7245 • Sister Rosemary Empen, 601/456-5450

Churches

- First Baptist Church • 601/456-5311 *offers special services*
- Chickasaw Catholic Church in Houston • Sister Rosemary Empen • 601/456-5450 *offers special services*

Housing Facilities

- Pine View Apartments • Manager - Pam Doss • 601/456-5830
- Houston Townhouse Apartments • Manager - Joyce Myatt • 601/456-5126
- Country Village Apartments • Manager Barbara Fleming • 601/456-4605
- Governing Agencies • Vardaman City Hall • 601/682-7561
- Houston City Hall • 601/456-2328
- Chickasaw Development Foundation • 601/456-2321





*District IX and Harrison County serves as a model
for providing access and assurance to Asian populations.*

Harrison County Resources

Interpreters

- Eduardo Battisella • 601/388-9595
- Worldwide Translation Trade Company • 800-988-9078
- University Southern Mississippi • Foreign Language Department • 601/266-4111

Churches

- St. Thomas • contact: Lilanna Puckett • work 601/865-4040 • home 601/832-8193 • Long Beach, Mississippi • 601/863-1610
Offers Spanish Mass the first Sunday of the month
- Baptist Associational Office • 601/832-4311

Applications for Emergency Medicaid

- Medicaid Commission • Mrs. McDonald • 601/863-3328
- Department of Human Services • 601/897-5600

Hospitals with Translators

- Memorial Hospital • Social Service Department • 601/863-1441

Housing Assistance

- Refugee resettlement • 601/374-6507

Military Family Assistance

- Keesler Airforce Base • Hispanic Program Manager • 601/377-3189

Works Cited

Perspectives in Family and Community Health; Saucier, Karen A.; Mosby-Year Book, Inc., St. Louis, Missouri, 1991.

Comprehensive Maternity Nursing; May, Katharyn A., Mahlmeister, Laura R.; J.B Lippincott Co., Pennsylvania, 1990.

Growing Hispanic Population In State Could Be Alternative Work Force; Russell, Kelly, Mississippi Business Journal, March 31, 1997.

The Foreign-Born Population; U.S. Bureau of the Census, 1995.

State Population Rankings Summary; U.S. Bureau of the Census, 1997.

Doing Business in Gulfport; Mississippi Department of Economic and Community Development, 1997.

Demographic State of the Nation; U.S. Bureau of the Census, 1997.

Facts About Diversity; National MultiCultural Institute, 1997.

Family Planning Diversity Book.

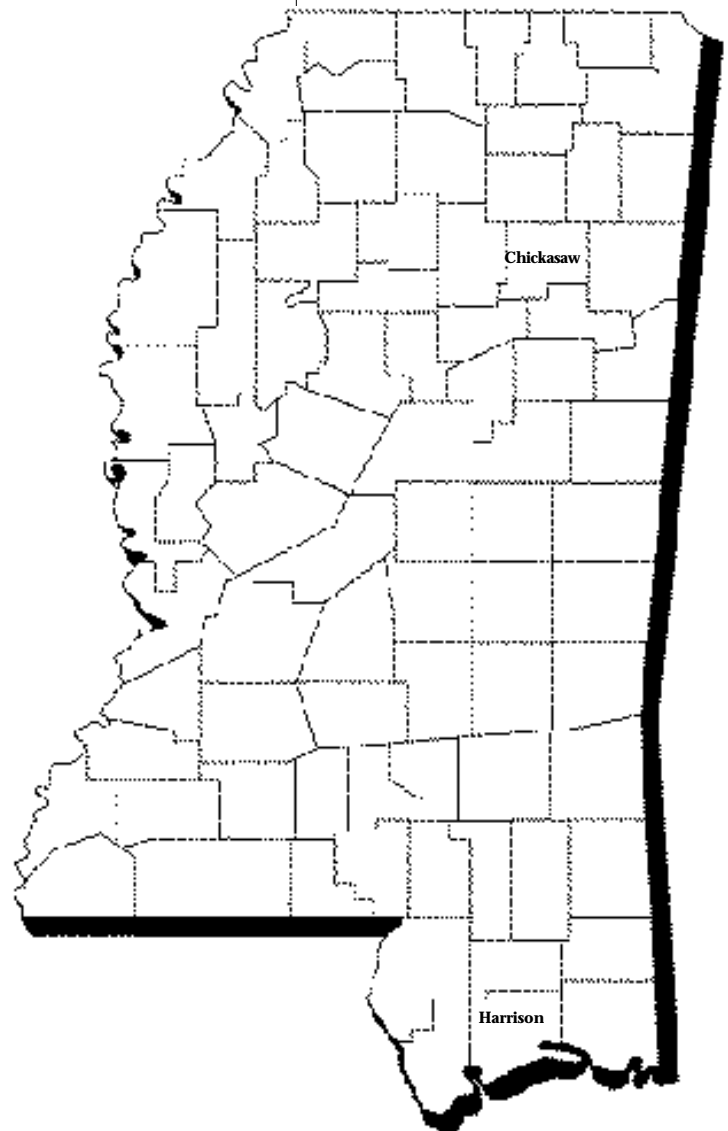
Population Projections of the United States; Bureau of the Census, 1997.

Cultural Diversity in Women's Reproductive Health Care; Regional Training Center, Emory University, Atlanta, 1995.

Nursing in the Community; Clark, Mary Jo; Appleton and Lange, New Jersey, 1992

Comprehensive Maternity Nursing; Suvenshine, Martha A., Enriquez, Martha G.; Jones and Bartlett, Inc., Boston, 1990.

Mosby's Guide to Physical Examination, 3rd edition; Serdel, Ball, Davis, and Benedict, 1995.



Chickasaw County has taken steps to bring various voices into the discussion.